

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)

David Ayers

Mailing Address 14024 Stearns Street

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nueterra Healthcare

Occupation

ASC Management

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼  
Convention

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34084

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

Carlos Badiola

Mailing Address 5 Northmoor Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiologic Associates

Occupation

Radiologist

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼  
Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.34296

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Woodrow Baird

Mailing Address 141 Bluff Point Road

City

South Glastonbury

State

CT

Zip Code

06073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Insurance Brokers  
of CT

Occupation

Vice President

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼  
Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.34435

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....